

Business Credential Application

Remit to:
State of Wisconsin
Department of Commerce-Credentialing
P.O. Box 78780
Milwaukee WI 53293-0780
Phone (608) 261-8500
TDD #: (608) 264-8777
7:45 a.m. - 4:30 p.m.

**THE CREDENTIAL WILL NOT BE
PROCESSED UNLESS YOU :**

- A. Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable;
- C. Attach the specified fee; and
- D. Attach documents if specified on this application.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

Instructions: Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. **Be certain to sign and date the application.** The contact person for a business credential must be the owner of the business, a partner applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of a corporation. **The business FEIN number or the person's social security number used as business FEIN number is mandatory information. Make a photocopy of the completed application for your records.**

By signing below, the contact person swears that all information provided on this application is true, accurate and that the credential requirements are met. **Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.**

Contact Person's Signature	Date (mo/day/yr)	Contact Person's Title																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Business Information</td> <td style="width: 70%;"></td> </tr> <tr> <td colspan="2">Federal Employer Identification Number (FEIN):</td> </tr> <tr> <td colspan="2">Business Name:</td> </tr> <tr> <td colspan="2">No. & Street, or P.O. Box:</td> </tr> <tr> <td colspan="2">City, Town or Village, State, Zip + 4 Code:</td> </tr> <tr> <td colspan="2">Country, If Other Than United States:</td> </tr> <tr> <td colspan="2">Business Telephone No. (include area code):</td> </tr> <tr> <td colspan="2">If Available, Business Fax No. (include area code):</td> </tr> <tr> <td colspan="2">We are going to put phone numbers in the lists of businesses on our website. If you do not want your phone number listed, please let us know.</td> </tr> </table>	Business Information		Federal Employer Identification Number (FEIN):		Business Name:		No. & Street, or P.O. Box:		City, Town or Village, State, Zip + 4 Code:		Country, If Other Than United States:		Business Telephone No. (include area code):		If Available, Business Fax No. (include area code):		We are going to put phone numbers in the lists of businesses on our website. If you do not want your phone number listed, please let us know.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Contact Person Information</td> <td style="width: 70%;"></td> </tr> <tr> <td colspan="2">Contact Person's Social Security No:</td> </tr> <tr> <td colspan="2">Contact Person's Name (First, Middle and Last):</td> </tr> <tr> <td colspan="2">Home Address No. & Street, or P.O. Box:</td> </tr> <tr> <td colspan="2">City, Town or Village, State, Zip + 4 Code:</td> </tr> <tr> <td colspan="2">Country, If Other Than United States:</td> </tr> <tr> <td colspan="2">Home Telephone No. (include area code):</td> </tr> <tr> <td colspan="2">If Available, Home Fax No. (include area code):</td> </tr> </table>	Contact Person Information		Contact Person's Social Security No:		Contact Person's Name (First, Middle and Last):		Home Address No. & Street, or P.O. Box:		City, Town or Village, State, Zip + 4 Code:		Country, If Other Than United States:		Home Telephone No. (include area code):		If Available, Home Fax No. (include area code):		
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UDC INSPECTION AGENCY REGISTRATION

Application and Credential Fee (nonrefundable): \$40.00 **class code 7655**

Make checks payable to: Department of Commerce The fee consists of a \$10 application fee and a credential fee of \$30. The credential will be effective for 4 years from date of issuance. Office location: 201 W. Washington Ave, Madison. Mailing address: PO Box 7082, Madison, WI 53707.

Reason for Credential: No person, business or entity may engage in or offer to engage in the activities of facilitating plan review, issuance of Wisconsin uniform building permits, or inspection of one- and 2-family dwellings in a municipality where the department has jurisdiction pursuant to s. 101.651 (3)(b), Stats., unless the person, business or entity holds a registration issued by the department as a registered UDC inspection agency.

Requirements of Credential: Responsibilities: A person who is responsible for facilitating plan review, issuance of Wisconsin uniform building permits and the inspections for one- and 2-family dwellings as a registered UDC inspection agency shall be responsible for all of the following:

- (a) Utilizing persons appropriately certified under s. Comm 5.63 to review the plans, issue the permits and conduct the inspections.
- (b) Making the records relative to the plan review, issuance of permits and inspections available to the department, upon request.
- (c) Providing inspection services for all inspections required under s. Comm 20.10.
- (d) Cooperating with the department in any program monitoring, enforcement activities, and investigations.
- (e) Following all procedures established by the department for UDC enforcement by inspection agencies.
- (f) Reporting to the department in writing when the agency has been dismissed by the owner or builder.
- (g) Making any records associated with their permit, plan review and inspection activities available to the permit holder upon request.
- (h) Shall not have a conflict of interest in fulfilling the responsibilities or obligations of the credential.

Qualifications for Credential: The person applying for a UDC inspection agency registration shall be the owner of the business, a partner in the business applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of the corporation.

Areas of Service: We plan to contract with registered UDC inspection agencies such as yours to provide enforcement on a low-bid basis starting September 1, 2004, for new dwellings (not alterations or additions). In the interim, owners and builders of homes in municipalities without local enforcement are required to obtain a UDC permit and enforcement services from an inspection agency of their choice for any new dwelling.

To more efficiently direct owners and builders to an appropriate inspection agency, we are requesting that you indicate those regions of the state according to the map on the following page in which your inspection agency would consider providing enforcement services **during this interim period**. You are not obligated to provide services throughout the regions that you select. Because of current database limitations, we will list your service areas in abbreviated format after your business name. Contact our Credentialing Unit at (608)261-8500 or madisoncred@commerce.state.wi.us to update this information.